	y of Portland, Maine - Bu	O			Permit No: 2014-01039	Issue Date:	CBL: 029 E009001
	Congress Street, 04101 Tel	, ,	3, Fax: (207) 874-8				
Location of Construction: 25 PEARL ST - 2nd & 3rd floor			Owner Name: 25 PEARL MHR LLC		· Address: BOX 7488 POR 2	Phone: (207) 358-7888	
Business Name:		Contractor Name TBD	Contractor Name: TBD		actor Address:	Phone	
Lessee/Buyer's Name		Phone:	Phone:		Type:	Zone: B3	
Past	Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		CEO District:
Co	floor restaurant & Cumberland unty Registry of Deeds - parking age & Offices above	Cumberland C Deeds - parking	Same: 1st floor restaurant & Cumberland County Registry of Deeds - parking garage and Offices above		\$3,220.00 \$320,000.00 2 INSPECTION:		
Bu	oosed Project Description: siness - Renovation of office spa	ace on 2nd & 3rd	floors into open				
off	ice environment		PEDE	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
			Action: Approved Approved Approved		ved Approv	red w/Conditions Denied	
Pern	nit Taken By: Date		Signature: Zoning Approval			Date:	
tmm 05/15/2014							
1.	This permit application does n Applicant(s) from meeting app Federal Rules.		Special Zone or Reviews Shoreland		Zonii	ng Appeal	Historic Preservation Not in District or Landmar
2.	Building permits do not includ septic or electrical work.	☐ Wetland		Miscella	nneous	Does Not Require Review	
3. Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone		Condition	onal Use	Requires Review
	False information may invalidate permit and stop all work	Subdivision		Interpre	tation	Approved	
			☐ Site Plan Maj ☐ Minor ☐ MM ☐		Approve	ed	Approved w/Conditions
					Denied		☐ Denied
			Date:		Date:		Date:
I ha juris shal	reby certify that I am the owner ve been authorized by the owne sdiction. In addition, if a permit I have the authority to enter all a permit.	r to make this app for work describe	lication as his authored in the application	at the j rized a is issu	proposed work in gent and I agreed ed, I certify that	to conform to the code offic	all applicable laws of this ial's authorized representative
SIG	NATURE OF APPLICANT		ADDI	RESS		DATE	PHONE
RES	SPONSIBLE PERSON IN CHARGE OI	F WORK, TITLE				DATE	PHONE